

Your Partner in Community  
Health Transformation

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# *Iowa Total Care Annual Provider Training*

# Iowa Total Care

# About Centene



## Nationally:

Over 30 years of experience

Medicare  
Medicaid  
Specialty Services



# About Iowa Total Care

## Locally:

- Medicaid
- Headquartered in **West Des Moines**

## Staff:

- Over 500 Iowa Total Care staff.
- Locally based health plan staff,
- Call center located in Iowa
- NCQA Accredited



# Our Purpose



## OUR PURPOSE

Transform the health of the community, one person at a time.

## OUR APPROACH

Iowa Total Care strives to improve the health of Iowa members through **focused, compassionate and coordinated care.**

Our approach is based on the core belief that quality healthcare is best delivered locally.

## OUR PILLARS



Local



Whole Health



Focus on the Individual

# Commitment to our Partners



Our goal is to help each and every Iowa Total Care member achieve the highest possible levels of wellness and quality of life, while demonstrating positive clinical results.



- **Integrated Care**
- **Coordination of Care**
- **Continuity of Care**

# Member Services and Eligibility

## Iowa Total Care provides health care coverage for enrollees of:

- Iowa Health Link
- Iowa Health and Wellness Plan
- Healthy and Well Kids in Iowa (Hawki)

Core Medicaid benefits are covered and all services are subject to benefit coverage, limitations, and exclusions, as described in the provider manual

Link to Member Handbook

<https://www.iowatotalcare.com/members/medicaid/resources/handbooks-forms.html>

Link to Provider Manual

<https://www.iowatotalcare.com/providers/resources/forms-resources.html>

# Member Population & Benefits – *Continued*



## Find an Iowa Total Care Medicaid Provider

### Online Tool

- Quick and Easy



### Provider Directory

- Updated Weekly



### Member Services

- 833-404-1061



<https://www.iowatotalcare.com/members/medicaid/find-a-doctor.html>



# Value Added Services & Rewards



iowa total care™



## SafeLink Wireless

- No cost to Iowa Total Care Members
- Free smartphone
- Up to 350 minutes a month
- Unlimited Texting



## Start Smart for Your Baby®

- Prenatal and Postpartum program
- Care management to extend the gestational period and reduce pregnancy-related risks



## Babylon

- 24/7 access to medical care at no cost
- Video appointments to talk with doctor



## My Health Pays™

- A healthy rewards account program
- Innovative approach to encourage health behaviors through financial incentives



## Nurse Advice Line

- 24 hour service by calling 833-404-1061
- Registered Nurse available to provide health education and nurse triage for complex health issues

**To learn more about these Value Added Services go to [www.iowatotalcare.com](http://www.iowatotalcare.com) and the “For Members” section.**

## Non-Emergent Medical Transportation (NEMT)

- Eligible Medicaid members, or Providers on the members behalf, may request a ride for a Medically Necessary appointment
- Non-Emergent appointments should be scheduled at a minimum 3 business days in advance
  - Appointments can be scheduled by phone or on-line

To set up a ride, please call Access2Care at 1-833-404-1061 (TTY 711), press 2 for Iowa Total Care Member Services, then press 1 for Transportation

# Member Eligibility Verification – *Continued*



## Eligibility can be validated 1 of 3 ways



Using the Provider Portal:

<https://www.iowatotalcare.com/providers.html>



Calling the member eligibility  
IVR self-service system:  
**833-404-1061**



Calling Provider Services:  
**833-404-1061**

To verify eligibility, be  
sure to have the following  
information available:


- Member name
- Medicaid ID number
- DOB


The Portal and IVR provides 24/7 self-service convenience

# Member ID Cards



## The following are sample Iowa Total Care member ID cards

**iowa total care.**




NAME/NOMBRE: JANE C. DOE  
MEDICAID ID #: XXXXXXXXXX  
DOB: mm/dd/yyyy


PCP Name/Nombre Del PCP: DR. NAME  
PCP Phone/Teléfono del PCP: XXX-XXX-XXXX

Effective/Fecha Efectiva: MM/DD/YYYY  
RX: XXXXX  
RXBIN: 020545  
RXPCN: RXA377  
RXGRP: RXGMCIA01

*Bring your Iowa Total Care ID card when you see your doctor or go to receive care.  
Lleve su tarjeta de identificación de Iowa Total Care cuando vea a su médico o vaya a recibir atención.*

If you have an emergency, call 911 or visit the nearest emergency room (ER).  
For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.  
Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Si no está seguro de si necesita ir a la sala de emergencia, llame a su PCP o la línea de consejo de enfermería de atención 24/7.

**iowa total care.**



NAME/NOMBRE: JANE C. DOE  
Hawki ID #: XXXXXXXXXX  
DOB: mm/dd/yyyy

PCP Name/Nombre Del PCP: DR. NAME  
PCP Phone/Teléfono del PCP: XXX-XXX-XXXX

Effective/Fecha Efectiva: MM/DD/YYYY  
RX: XXXXX  
RXBIN: 020545  
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**IMPORTANT CONTACT INFORMATION/  
INFORMACIÓN IMPORTANTE DE CONTACTO**

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**MEMBERS/MIEMBROS: 1-833-404-1061 (TTY: 711)**  
Member Services/Servicios para los miembros  
24/7 Nurse Advice Line/Línea de consejo de enfermería 24/7

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**PROVIDERS/PROVEEDORES:**  
Eligibility: 1-833-404-1061 (TTY: 711) • Prior Authorization: 1-833-404-1061  
Medical Claims: PO Box 8030, Farmington, MO 63640  
Provider/claims information via the web: [IowaTotalCare.com](http://IowaTotalCare.com)  
Pharmacy Help Desk: 1-877-281-9627

**IMPORTANT CONTACT INFORMATION/  
INFORMACIÓN IMPORTANTE DE CONTACTO**

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**MEMBERS/MIEMBROS: 1-833-404-1061 (TTY: 711)**  
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**PROVIDERS/PROVEEDORES:**  
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Provider/claims information via the web: [IowaTotalCare.com](http://IowaTotalCare.com)  
Pharmacy Help Desk: 1-877-281-9627



Member grievances and appeals may be filed by the member, a member's authorized representative, or a member's provider.

*Written consent must be obtained from the Member or their authorized representative on the designated Authorized Representative Designation form located at*

*<https://www.iowatotalcare.com/members/medicaid/resources/handbooks-forms.html>*

Refer to the Provider Manual at

<https://www.iowatotalcare.com/providers/resources/forms-resources.html>

for information on how to file a member grievance, appeal, and State Fair Hearing, along with details on timely filing deadlines

# Provider Responsibilities, Access, and Availability

## **Some provider responsibilities include, and are not limited to:**

- Initial credentialing and re-credentialing every 36 months
- ADA compliance (including parking and entry pathways)
- Encourage members to execute an Advance Directive and remain in compliance with Advance Directive requirements
- Billing primary insurance prior to Iowa Total Care
- Communicate provider change of address, addition and termination of practitioners, and other important notifications.

# Provider Responsibilities –

## *Continued*



- Maintain accurate and complete medical records
  - Provider Manual, subsection Required Information or Medical Record Review Policy CC.QI.13.
- Render medically necessary and appropriate levels of care to members
- Ensure PCP and Specialty access 24 hours a day, 7 days a week
- Specialist coordination and communication with PCPs
- Member non-discrimination based on race, color, national origin, disability, age, sex religion, mental or physical disability, or limited English proficiency





## Appointment Access & Availability Standards

Network providers must comply with all access standards.

*For a complete list of standards, refer to the provider manual.*

### Hospital Emergency Availability

- 24 hours / 7 days a week

### Primary Care Physician Availability

- Urgent: within 24 hours
- Routine Appointment: four (4) to six (6) weeks from the date of patient's request

### Behavioral Health Availability

- Urgent: within one (1) hour of presentation at service site or within twenty-four (24) hours of telephone contact with provider or Iowa Total Care
- Routine Appointment: within three (3) weeks of request for an appointment

### Specialty Provider Availability

- Urgent: within 24 hours
- Routine care: within thirty (30) days



## Identification and Reporting

### Most Common Issues:

- Use of incorrect billing code
- Not following the service authorization
- Inaccurate procedure codes for the provided service
- Excessive use of units not authorized by the care coordinator
- Lending of insurance card

### Reporting:

Iowa Medicaid Program Integrity Unit: **877-446-3787**

Iowa Total Care Fraud and Abuse Line: **866-685-8664**



# Claims

## Claim Submissions

### Independent CDAC Providers

Iowa Total Care  
Attn: Claims Department  
P.O. Box 8030  
Farmington, MO 63640  
Or fax 1-844-996-0299

### All other In-Network Providers

Iowa Total Care c/o Centene EDI Dept.  
Payor ID: 68069  
800-225-2573 (ext 25525)

**[EDIBA@centene.com](mailto:EDIBA@centene.com)**

**Provider Portal**

**<https://www.iowatotalcare.com/providers/login.html>**

# Claims Processing – Continued



Availity is the preferred clearinghouse,  
offering the following value services:



Iowa Total Care also accepts transmissions from Change Healthcare and Ability  
*Other clearinghouses not listed above will need to be reviewed on an individual request basis*

# Claims Processing – Continued



*The following tables outline claim submission and payment timings*

| Claim Type                          | Submission Timing  |
|-------------------------------------|--|
| New clean claim                     | 180 calendar days from date of service   |
| Retroactive eligibility claims      | 365 calendar days from the notice date   |
| Secondary payer                     | 365 calendar days from primary payer claim determination                               |
| Third-party submission and no reply | After 30 calendar days of no reply, claims accepted for 12 months from date of service |
| Claim Type                          | Payment Timing   |
| New clean claim                     | 90% within 30 calendar days of receipt   |
|                                     | 95% within 45 calendar days of receipt   |
|                                     | 99% within 90 calendar days of receipt   |
| Claim Type                          | Payment Timing   |
| Claim Reconsiderations              | 180 day from the date of on the EOP or PRA   |

# Claim Electronic Payment



## Payspan Contact Information:

Phone: (877) 331-7154 x 1 *(available M-F 7am-7pm)*

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

Website: [www.Payspan.com](http://www.Payspan.com)



**Improve cash flow**  
by getting payments faster



**Settle claims electronically**  
through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)



**Maintain control over bank accounts**  
by routing EFTs to the bank account(s) of your choice



**Match payments to advices quickly**  
and easily re-associate payments with claims



**Manage multiple payers,**  
including any payers that are using Payspan to settle claims



**Eliminate re-keying of remittance data**  
by choosing how you want to receive remittance details



**Create custom reports**  
including ACH summary reports, monthly summary reports, and payment reports sorted by date

# Top Ten Claim Denial Reasons



- Duplicate submission
- Primary payer
- No authorization on file
- Ace line item
- Ace claim level
- Procedure coverage not defined by Iowa Medicaid
- Service exceeded authorized limit
- Electronic filing required
- Timely filing
- Provider Medicaid ID required from Iowa Medicaid



# Remittance Advice/Explanation of Payment (EOP) Guide



## Definitions of Service Detail Columns

| Serv | Dates  | Proc # | Modifiers | Days<br>Ct/Qty | Charged/<br>Allowed | Deduct | CoPay | Coinsur | Discount/<br>Interest | Med Allow/<br>Med Paid | TPP | Denied | EXPL<br>Codes | Payment/<br>Withheld |
|------|--------|--------|-----------|----------------|---------------------|--------|-------|---------|-----------------------|------------------------|-----|--------|---------------|----------------------|
| 0100 | 011620 | T1019  |           | 312.00         | 1092.00             | .00    | .00   | .00     | .00                   | .00                    | .00 | .00    | 92            | 1092.00              |
|      |        |        |           |                | 1092.00             |        |       |         |                       |                        |     |        |               | .00                  |

| ITC EOP Term         | Definition  |
|----------------------|---|
| Serv                 | The service line/s on the claim.  |
| Dates                | Date/s of Service.  |
| Diag #/Drug #        | The diagnosis code or drug code submitted on the claim.   |
| Proc #               | CPT, HCPCS or revenue codes billed.   |
| Modifiers            | Modifier billed.  |
| Days/Ct/Qty          | Total number of days, count or quantity being billed.   |
| Charged/Allowed      | Charged: The amount billed for the procedure or service. Allowed: The contracted amount allowed for the procedure or service. |
| Deduct               | The amount of the member's deductible that has been applied to the procedure or service.                                      |
| CoPay                | The amount of the member's copay that has been applied to the procedure or service.   |
| Coinsur              | The amount of a member's client participation deducted from the allowed amount.   |
| Discount/Interest    | Discount or interest to be applied to claim.  |
| Med Allowed/Med Paid | The amount allowed and paid by Medicare.  |
| TPP                  | The amount paid by a third party payer.   |
| Denied               | Total amount denied on claim.   |
| EXPL Codes           | Iowa Total Care explanation codes that indicate payment, reduction or denial reason.  |
| Payment/Withheld     | Total amount paid or withheld for the procedure or service.   |

## Denial Code Explanations

| Explanation | Code Description  |
|-------------|---|
| 92          | PAID IN FULL  |
| JU          | ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM                          |
| Sr          | PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES |
| bt          | INFO - POSSIBLE TPL   |
| pB          | REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE  |
| v2          | REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI                       |
| WB          | REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE  |

# How to Read the Claim Details



Understanding the codes used on the claim details is key to knowing whether a claim was processed.

## Clean Paid Claim

The Serv line 0100 indicates this is an original first time claim.

| Serv | Dates | Proc # | Modifiers | Days<br>Ct/Qty | Charged/<br>Allowed | Deduct | CoPay | Coinsur | Discount/<br>Interest | Med Allow/<br>Med Paid | TPP | Denied | EXPL<br>Codes | Payment/<br>Withheld |
|------|-------|--------|-----------|----------------|---------------------|--------|-------|---------|-----------------------|------------------------|-----|--------|---------------|----------------------|
| 0100 | 11620 | T1019  |           | 312.00         | 1092.00<br>1092.00  | .00    | .00   | .00     |                       | .00<br>.00             | .00 | .00    | 92            | 1092.00<br>.00       |

## Clean Denied Claim

The Serv line 0100 indicates this is an original first time claim. If there is an amount in the Denied column, the denial codes will be listed. In the example below, denial codes are EF, eS, and eU. Explanations for these codes are provided on the EOP.

| Serv | Date  | Diag#<br>Drug# | Proc#<br>Proc2 | Days/Cat<br>Qty | Charged | Allowed | Deduct/<br>Copay | Coinsur | Discount/<br>Interest | Med Allow/<br>Med Paid | TPP | Denied | ANSI Codes | Payment/<br>Withheld |
|------|-------|----------------|----------------|-----------------|---------|---------|------------------|---------|-----------------------|------------------------|-----|--------|------------|----------------------|
| 0100 | 07219 | #331           | 99213          | 1.00            | 100.00  | 43.23   | .00<br>.00       | .00     | .00<br>.00            | .00<br>.00             | .00 | 100.00 | EF eS eU   | .00<br>.00           |

# Adjusted Claim Details: Positive Payment



An example of an EOP related to the reprocessing of claims, which results in a positive net payment, is shown below.

- 1 The original claim indicated on service line ending "00"
- 2 The adjusted line is the service line ending in odd number (e.g. "01"). This is not a recoupment, but rather a financial adjustment to allow for the fully adjusted payment amount.
- 3 The payment indicated by an even number (e.g. "02") at the end of the service line is the final adjudicated payment of the claim.

By subtracting the original payment amount (e.g. "01") 1 from the final adjudicated payment (e.g. "02") 3 provides the net amount that you will receive in addition to the original payment. In this example, a positive net payment resulted.

| Serv | Date | Diag# | Proc#     | Days/Cnt | Charged | Allowed | Deduct/ | Coinsur | Discount/ | Med Allow/ | TPP    | Denied | ANSI Codes | Payment/ |
|------|------|-------|-----------|----------|---------|---------|---------|---------|-----------|------------|--------|--------|------------|----------|
|      |      | Drug# | Proc2     | Qty      |         |         | Copay   |         | Interest  | Med Paid   |        |        |            | Withheld |
| 0100 | 1    | J351  | 31575     | 1.00     | 339.00  | 49.01   | .00     | .00     | .00       | .00        | .00    | .00    | Sr         | 49.01    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |        |        |            | .00      |
| 0200 | 1    | J351  | 99202     | 1.00     | 179.00  | 15.67   | .00     | .00     | .00       | .00        | .00    | .00    | pb 92 v2   | 15.67    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |        |        |            | .00      |
|      |      |       | Sub-total |          | 518.00  | 64.68   | .00     | .00     | .00       | .00        | .00    | .00    |            | 64.68    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |        |        |            | .00      |
|      |      |       | TOTAL     |          | 1058.00 | 155.71  | .00     | .00     | .00       | .00        | 419.04 | .00    |            | 64.68    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |        |        |            | .00      |

| Serv | Date | Diag# | Proc#     | Days/Cnt | Charged | Allowed | Deduct/ | Coinsur | Discount/ | Med Allow/ | TPP | Denied | ANSI Codes | Payment/ |
|------|------|-------|-----------|----------|---------|---------|---------|---------|-----------|------------|-----|--------|------------|----------|
|      |      | Drug# | Proc2     | Qty      |         |         | Copay   |         | Interest  | Med Paid   |     |        |            | Withheld |
| 0101 | 2    | J351  | 31575     | - 1.00   | -339.00 | -49.01  | .00     | .00     | .00       | .00        | .00 | .00    | JU         | -49.01   |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |
| 0102 | 3    | J351  | 31575     | 1.00     | 339.00  | 49.01   | .00     | .00     | .00       | .00        | .00 | .00    | Sr         | 49.01    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |
| 0201 | 2    | J351  | 99202     | - 1.00   | -179.00 | -15.67  | .00     | .00     | .00       | .00        | .00 | .00    | JU 92 v2   | -15.67   |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |
| 0202 | 3    | J351  | 99202     | 1.00     | 179.00  | 15.67   | .00     | .00     | .00       | .00        | .00 | .00    | pb 92 v2   | 31.34    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |
|      |      |       | Sub-total |          | .00     | .00     | .00     | .00     | .00       | .00        | .00 | .00    |            | 15.67    |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |
|      |      |       | TOTAL     |          | 2547.00 | 266.45  | .00     | .00     | .00       | .00        | .00 | .00    |            | 282.12   |
|      |      |       |           |          |         |         | .00     |         | .00       | .00        |     |        |            | .00      |

Note:

- The original claims (service line 0200), the provider was paid \$15.67.
- The adjusted service line 0201, \$15.67 was subtracted in full.
- The final adjudicated claim was paid out (on service line 0202) at the rate of \$31.34.
- The net payment you would receive with this remit is \$15.67.

# Adjusted Claim Details: Zero Payment



In some cases, when claims were reprocessed the original claim payment was the same as the reprocessed payment. To determine the net amount you will receive in addition to the original payment, subtract the original claim payment (service line ending in odd number, "01") from the final adjudicated payment amount (service line ending in even number, "02").

In this example, the net payment result is \$0 dollars. This means the original payment received was correct even after the adjustment project was completed.

## Original Claim Payment

| Serv      | Date       | Proc # | Modifiers | Days/<br>Ct/Qty | Charged/<br>Allowed    | Deduct | CoPay  | Coinsur | Discount/<br>Interest | Med Allow /<br>Med Paid | Third Party<br>Payer | Denied | EXPL<br>Codes | Payment/<br>Withheld |
|-----------|------------|--------|-----------|-----------------|------------------------|--------|--------|---------|-----------------------|-------------------------|----------------------|--------|---------------|----------------------|
| 0101      | 10/28/2019 | V5266  | LT        | 30.00           | \$-54.00<br>\$-53.70   | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 | JU            | \$-53.70<br>\$0.00   |
| 0201      | 10/28/2019 | V5266  | RT        | 30.00           | \$-54.00<br>\$-53.70   | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 | JU            | \$-53.70<br>\$0.00   |
| Sub-total |            |        |           |                 | \$-108.00<br>\$-107.40 | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 |               | \$-107.40<br>\$0.00  |

## Final Adjudicated Claim Payment

| Serv      | Date       | Proc # | Modifiers | Days/<br>Ct/Qty | Charged/<br>Allowed  | Deduct | CoPay  | Coinsur | Discount/<br>Interest | Med Allow /<br>Med Paid | Third Party<br>Payer | Denied | EXPL<br>Codes | Payment/<br>Withheld |
|-----------|------------|--------|-----------|-----------------|----------------------|--------|--------|---------|-----------------------|-------------------------|----------------------|--------|---------------|----------------------|
| 0102      | 10/28/2019 | V5266  | LT        | 30.00           | \$54.00<br>\$53.70   | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 | 92            | \$53.70<br>\$0.00    |
| 0202      | 10/28/2019 | V5266  | RT        | 30.00           | \$54.00<br>\$53.70   | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 | 92            | \$53.70<br>\$0.00    |
| Sub-total |            |        |           |                 | \$108.00<br>\$107.40 | \$0.00 | \$0.00 | \$0.00  | \$0.00<br>\$0.00      | \$0.00<br>\$0.00        | \$0.00               | \$0.00 |               | \$107.40<br>\$0.00   |

**Explanation Code Description**  
 92 PAID IN FULL  
 JU ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM



# Adjusted Claim Details: Zero B (0B) Adjustments

In some cases, a claim may need to be readjusted under a new claim number due to provider system configuration changes. When this happens, the negative adjustment will process with an explanation code of JU to indicate an adjustment, and the positive adjustment will indicate Explanation code 0B.

If you have 0B adjustments and would like your detailed crosswalk report listing the old and the new claim number, please reach out to your Provider Relations Specialist.

In the example below:

- The original claim (e.g. 0100), the provider was denied \$475.00 incorrectly.
- The adjusted line (e.g. 0101) for \$475.00 was subtracted in full with a JU explanation code.
- The final adjudicated claims (e.g. 0102) was denied the \$475.00 with an 0B explanation code.
- The new claim is the final adjudicated payment you would receive with the new claim number results in \$17.58.

| Explanation code: JU |        |       |       |          |         |         |         |         |           |            |     |         |            | Explanation code: 0B |          |
|----------------------|--------|-------|-------|----------|---------|---------|---------|---------|-----------|------------|-----|---------|------------|----------------------|----------|
| Serv                 | Date   | Diag# | Proc# | Days/Cnt | Charged | Allowed | Deduct/ | Coinsur | Discount/ | Med Allow/ | TRF | Denied  | ANSI Codes | Payment/             | Withheld |
|                      |        | Drug# | Proc2 | Qty      |         |         | Copay   |         | Interest  | Med Paid   |     |         |            |                      |          |
| 0100                 | 072619 | R310  | 88112 | 1.00     | 475.00  | 17.58   | .00     | .00     | .00       | .00        | .00 | 475.00  | 1b Aa      | .00                  | .00      |
| Sub-total            |        |       |       |          | 475.00  | 17.58   | .00     | .00     | .00       | .00        | .00 | 475.00  |            | .00                  | .00      |
| 0101                 | 072619 | R310  | 88112 | - 1.00   | -475.00 | -17.58  | .00     | .00     | .00       | .00        | .00 | -475.00 | JU Aa      | .00                  | .00      |
| 0102                 | 072619 | R310  | 88112 | 1.00     | 475.00  | 17.58   | .00     | .00     | .00       | .00        | .00 | 475.00  | 0b         | .00                  | .00      |
| Sub-total            |        |       |       |          | .00     | .00     | .00     | .00     | .00       | .00        | .00 | .00     |            | .00                  | .00      |
| 0100                 | 072619 | R310  | 88112 | 1.00     | 475.00  | 17.58   | .00     | .00     | .00       | .00        | .00 | .00     | 92         | 17.58                | .00      |
| Sub-total            |        |       |       |          | 475.00  | 17.58   | .00     | .00     | .00       | .00        | .00 | .00     |            | 17.58                | .00      |

## Explanation Code Description

92 PAID IN FULL  
 JU ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM  
 1b DENY REFERRING PROVIDER NPI/NAME IS MISSING  
 Aa INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS  
 0b Adjust: Claim to be re-processed corrected under new claim number

# Claim Payment Reconsideration



A claim payment dispute involves a finalized claim in which a provider disagrees with the outcome.

## 1<sup>st</sup> DISPUTE STEP - RECONSIDERATION

Provider can request to have the outcome of the finalized claim be reviewed by **paper** or **Provider Portal**

Submission of request must be within 180 calendar days from the date of EOP (Explanation of Payment) or PRA (Provider Remittance Advice)

## 2<sup>nd</sup> DISPUTE STEP – APPEAL

Provider request must be submitted within 30 calendar days from the reconsideration determination letter

Include as much information as possible to assist with determination review

### ***Mailing address for disputes:***

*Iowa Total Care – Attn: Claim Disputes  
P.O. Box 8030; Farmington, MO 63640-0830*

Providers have the right to file a complaint with Iowa Total Care

- Provider complaints can be filed regarding policies, procedures or administrative processes in place by Iowa Total Care
- Provider complaints should be resolved within 30 calendar days
  - An extension of an additional 14 days can be requested for resolving the complaint, by either Iowa Total Care or the Provider



## **MAIL:**

Iowa Total Care  
Attn: Complaints  
1080 Jordan Creek Parkway,  
Suite 100 South  
West Des Moines, Iowa 50266



## **CALL:**

833-404-1061 (TTY: 711)  
Monday – Friday  
7:30 a.m. to 6:00 p.m.

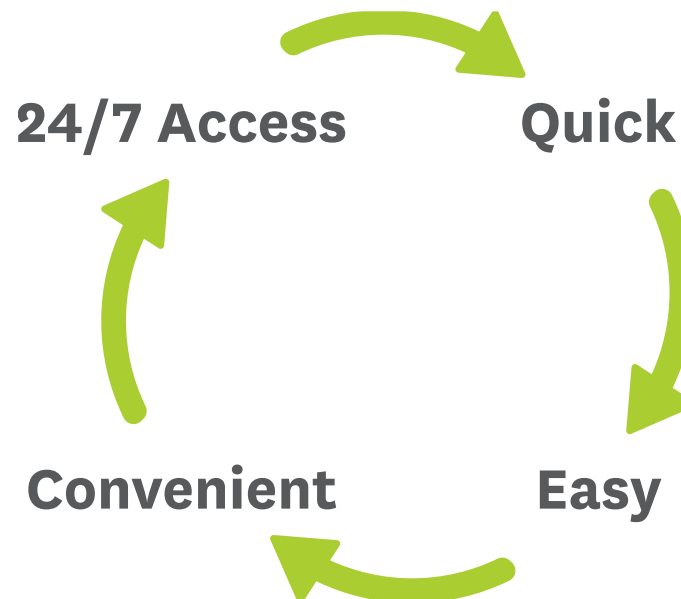


## **FAX:**

833-208-1397

The Website is designed to allow providers to have 24/7 access to key information for timely service

- Prior Authorization checker
- Clinical Guidelines
- Provider and Billing Manuals
- Contract Request Forms
- Provider Bulletins
- Iowa Total Care Plan News
- Information on Disability Access
- Various Operational and Patient Care Forms
- Provider Relations Specialist Contact Information
- Provider Education Material and Training Schedules
- Provider Alerts – System Configuration List of Known Claims Issues



[www.iowatotalcare.com](http://www.iowatotalcare.com)



# Resources – Provider Updates

Iowa Total Care will keep providers aware of Medical policy changes, payment, and operational updates, and announcements using the following communication channels:



Iowa Total Care follows all laws applicable State and federal such as, but not limited to:

- 42 CFR,
- Part 438
- 441 IAC Chapter 73

Iowa Total Care follows policy changes distributed in IME Informational Letters.

After registering to access the secure provider portal, the following tools are available to easily view and share information

- Check member eligibility
- View the PCP panel (patient list)
- View and submit Prior Authorizations and member health records
- View member gaps in care
- Determine payment/check clear dates
- View and print Explanation of Payment (Epos)
- Access payment history
- Submit claims and adjustments, view claims status
- Submit claims disputes



To register, go to  
<https://www.iowatotalcare.com/providers.html>  
and select the Login link on the top right corner of the page



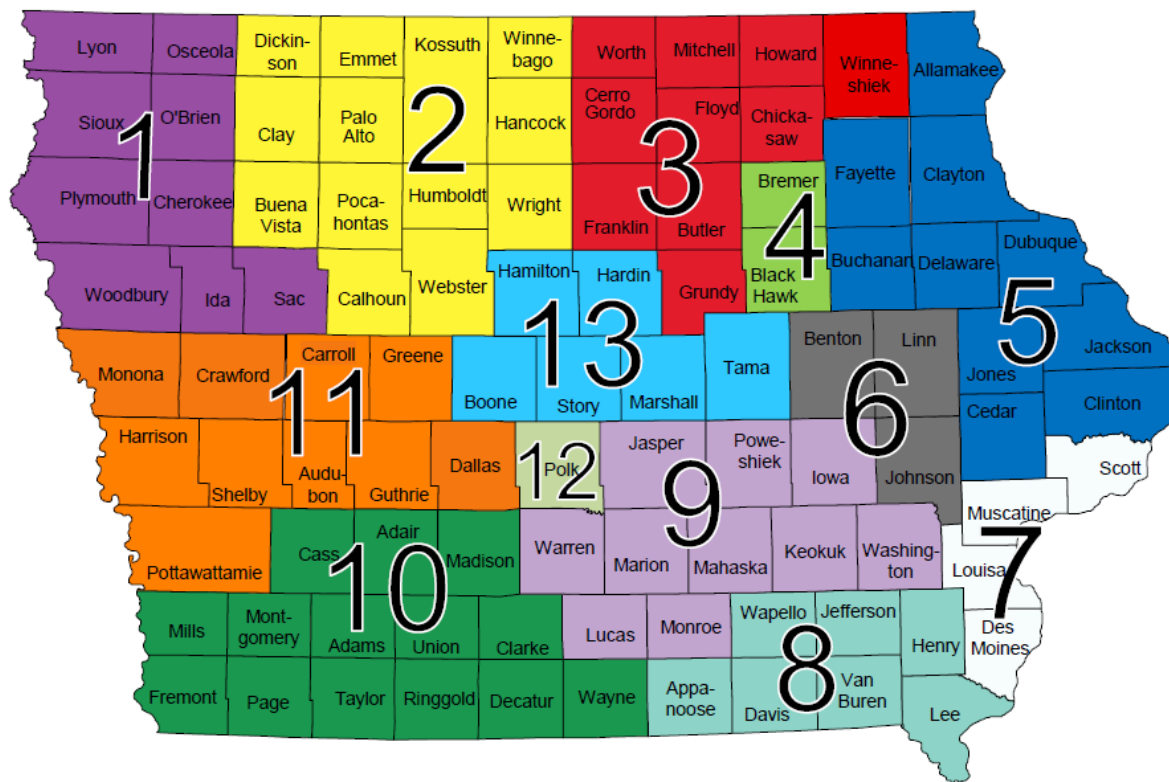
***The Provider Service department includes trained representatives who are available to respond quickly and efficiently to all provider inquiries and requests***

By calling **833-404-1061** between the hours of **7:30 a.m. - 6:00 p.m.**, providers can access real time assistance including, but not limited to:

- Credentialing/Network Status
- Claims Status Inquiries
- Facilitate requests for adding/deleting physicians to an existing group
- Iowa Total Care Website review and portal questions and registration
- Facilitate inquiries related to administrative policies, procedures, and operational issues
- Complimentary Interpretation Services

# Resources – Provider Relations

Each provider will have a **Provider Relations Specialist** assigned to them by region and serves as the primary liaison between Iowa Total Care and the network providers.



Go to [www.IowaTotalCare.com](http://www.IowaTotalCare.com) > For Providers > Provider Resources > Provider Relations Territory Map

# Medical and Utilization Management

## Contacting Medical Management

Department hours are Monday - Friday from 8:00 a.m. to 5:00 p.m.



A 24/7 nurse advice hotline is available after hours and on holidays to answer questions about Prior Authorizations and for notifying Community Based Case Management for urgent Long Term Services and Support (LTSS) situations

To contact Medical Management, call Provider Services at  
**833-404-1061**

## Key Medical Management care coordination processes

- Length of stay extension requests
- Concurrent review
- Routine, uncomplicated vaginal or C-section deliveries do not require prior authorization
- Retrospective review requests will be considered in extenuating circumstances or in cases of presumptive eligibility
- Integrated Health Home care management meet with the member's care team

## Examples of clinical practice guidelines adopted by Iowa Total Care include:

- American Academy of Pediatrics: Recommendations for Preventative Pediatric Health Care
- American Diabetes Association: Standards of Medical Care in Diabetes
- Center for Disease Control and Prevention (CDC): Adult and Child Immunization Schedules
- National Heart, Lung, and Blood Institute: Guidelines for the Diagnosis and Management of Asthma and Guidelines for Management of Sickle Cell
- U.S. Preventive Services Task Force Recommendations for Adult Preventive Health
- American Psychiatric Association

All clinical practice guidelines can be found on

<https://www.iowatotalcare.com/providers/resources/clinical-payment-policies.html>

Paper copies can be requested by calling Provider Services

**Adherence to the guidelines will be evaluated at least annually  
as part of the Quality Management Program**



Care Coordination is designed to help members obtain needed services using a multi-disciplinary care management team that promotes:

- Continuity of care
- A holistic approach yielding better outcomes
- Discharge planning and personalized care plans
- The delivery of quality, comprehensive care services within the community
- Rapid and thorough identification and assessment of program participants, especially members with special health care needs

It is critically important to notify Iowa Total Care, as expeditiously as warranted by the member's circumstances, of any significant changes in the member's condition or care, hospitalization, or recommendations for additional services.

# HCBS Care Management



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ia health link

Hawki

- **A Person Centered Planning** approach incorporates the full range of physical health, behavioral health, and support services that address functional, social, and other needs. Case Managers:
  - Engage with member's chosen team
  - Coordinate services to minimize silos
- **Members** remain at the center of our award winning Integrated Care Model (ICM)
- **Qualified Provider Partners** ensure members:
  - Receive authorized services
  - Reside in appropriate settings
  - Engage in their community
  - Have the opportunity to work/volunteer
  - Receive re-assessments if a significant change is observed
- **Member protections** including appropriate health and welfare assurances and safeguards, critical incident reporting (CIR)



## Long Term Services and Support (LTSS) benefits include:

- Home and Community Based Services (HCBS) – Provides services and supports through the waiver and Habilitation programs to help members remain as independent as possible in their home and community.
- Facility – Provides long-term care in an inpatient setting
- Home Health – provides services and supports in the member's home as part of the Medicaid State Plan of services
- Hospice – provides services and care to terminally ill members with a life expectancy of 6 months or less.

# Prior Authorizations



- Prior Authorization check tool can be located at <https://www.iowatotalcare.com/providers/preauth-check.html>
- Medically Necessary Services
- Failure to obtain a Prior Authorization may result in claim denials
  - Members cannot be billed for services denied for lack of prior authorization
- Non-Par Providers must have all services prior authorized except for:
  - Family planning, emergency room, post-stabilization services and tabletop x-rays (these services are also excluded for par provider authorization requirements)
- An authorization is **not** a guarantee of payment
  - Members must be eligible at time of service
  - Service must be a covered benefit
  - Service must be medically necessary as per plan policies and procedures

# Prior Authorizations – *Continued*



Submit Prior Authorizations to Iowa Total Care via:



**PORTAL:**

[Provider.IowaTotalCare.com](https://Provider.IowaTotalCare.com)



**FAX:**

1-833-257-8320 using the form on the provider portal



**For Assistance:**

Call Medical Management: 833-404-1061  
Business Hours: 8:00 a.m.-5:00 p.m. Monday – Friday  
(excluding holidays)

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**Requests received after normal business hours will be processed the next business day**

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# Prior Authorizations – Continued



## Prior Authorization Timings

### PROVIDER SUBMISSION TIMINGS

|  |  |
|--|--|
| Scheduled Admissions/ Elective Outpatient Services | 5 business days prior to service   |
| Emergency  | Inpatient: within 24 hours of admit<br>Observation: within 1 business day of service |
| Newborn Delivery                                   | Notification within 2 business days of delivery                                      |
| Neonatal Intensive Care Unit (NICU) Admit          | Within 24 hours of admit   |

### IOWA TOTAL CARE REVIEW TIMINGS

|                             |  |
|-----------------------------|--|
| Standard Non-Urgent         | 14 calendar days                               |
| Expedited Preservice/Urgent | Inpatient (24 hours) and outpatient (72 hours) |
| Inpatient/Concurrent Review | 72 hours                                       |

## Peer to Peer Requests

- Request **2 business days** after verbal notification of denial
- This can be requested by calling Provider Services at **833-404-1061** and selecting option 5

## Retrospective Reviews

- Applies to authorizations not obtained timely due to extenuating circumstances (e.g., member unconscious)
- Submit promptly but no later than 90 calendar days from date of service
- Iowa Total Care will make a decision 30 days from the date of request contingent on submission timings being met

# Prior Authorizations – NIA (National Imaging Assoc.)



NIA Imaging Submissions (is contracted to provide radiology imaging benefit management and cardiac solutions)

- Submit to Iowa Total Care via:



**PORTAL:** <https://www1.radmd.com/radmd-home.aspx>



**CALL:** NIA at 833-404-1061, including expedited requests  
Business Hours: 7:30 a.m.-6:00 p.m. Monday – Friday  
(excluding holidays)

- Requests received after normal business hours will be processed the next business day
- Review determinations generally finalized within 2 business days; however, some cases include longer times for clinical determination
- Authorizations are valid for 30 calendar days from date of request
- Appeals for NIA go to ITC



## Envolve Pharmacy Prior Authorization Request:

Envolve Pharmacy Solutions is the Pharmacy Benefit Manager providing comprehensive services for the pharmacy benefit

Prior Authorizations required can be found on the Iowa Medicaid Preferred Drug List that are noted as follows:

- Preferred medications indicated in the Drug List comment section as “PA required”
- Non-Preferred and Non-Recommended (NR) medications on an individual basis with supporting medical necessity documentation
- New drug entities prior to review by the IME P&T Committee and formal placement on the Preferred Drug List

Prior Authorization requests should be submitted to Envolve Pharmacy Solutions

# Prior Authorizations – Envolve, Continued



## Envolve Pharmacy Prior Authorization Submissions:

- The authorization form on ([www.covermymeds.com/epa/envolverx](http://www.covermymeds.com/epa/envolverx))
- Faxing the required prior authorization form to **877-386-4695**
- Calling **866-399-0928**

## Envolve Pharmacy Review Timings

- 24-hour turnaround time
- 72 hour supply of a medication to any patient awaiting a Prior Authorization determination in the event of an emergency (**unless otherwise noted on the PDL )**


Requests received after normal business hours will be processed the next business day.



**Envolve Pharmacy Solutions Prior Authorization Department Business Hours:  
8:00 am–7:00 pm, Monday–Friday, excluding holidays**

# Announcements

# Provider Training & Education Request Form



 Home For Members Find A Provider About Us Careers Contact

  Contrast   a a a language ▾

**FOR MEMBERS** **FOR PROVIDERS** **ABOUT US** **CONTACT US**

**FOR PROVIDERS**

- Sign Up for Provider Emails
- Welcome to Iowa Total Care!
- Login
- Become a Provider +
- Prior Authorization Check +
- Pharmacy
- Contracting and Credentialing
- Provider Resources -**
  - Manuals, Forms and Resources
  - Provider Training -**
    - Provider Training and Education Request Form**

**Provider Training and Education Request Form**

Provider Name \*

TIN \*  NPI \*

Concerns \*

Education

Training

- Access the [Provider Training Request Form](#) by selecting:
  - Provider Resources,
    - Provider Training, and
      - Request Training and Education Request Form

# Electronic Visit Verification (EVV) iowa total care™



Effective January 1, 2021 EVV will be required for CDAC and Homemaker services. CareBridge is the EVV vendor that Iowa Total Care will be using.

- Training is available through CareBridge.
- Survey must be completed. This can be done with PR Rep over the phone.
- Providers are encouraged to start utilizing the process prior to the deadline.
- There is no cost to providers to use this platform.

Contact CareBridge at:

(844) 343-3653 or [iaevv@carebridgehealth.com](mailto:iaevv@carebridgehealth.com)



# Electronic Visit Verification (EVV)

## Continued

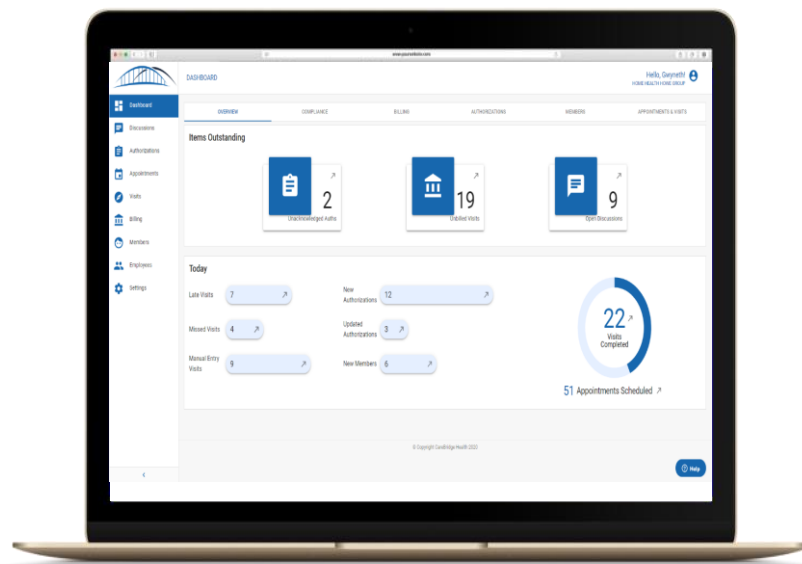


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The following CDAC and Homemaker services will require EVV:

- S5125 ATTENDANT CARE SERVICES, PER 15 MINUTES
- S5130 HOMEMAKER NOS, PER 15 MINUTES
- S5131 HOMEMAKER NOS, PER DIEM
- T1019 PERSONAL CARE SERVICES, PER 15 MINUTES



- The current authorization process will remain in place.
- Authorizations will also be viewable within the CareBridge platform.

# Resources

# Resources – Contacts



## IME

Iowa Medicaid Provider Services

[IMEProviderServices@dhs.state.ia.us](mailto:IMEProviderServices@dhs.state.ia.us)

800-338-7909 or 515-256-4609

TTY: 800-735-2942

Fax: 515-725-1155

## HEALTH PLAN INFORMATION

Website

[www.iowatotalcare.com](http://www.iowatotalcare.com)

Mailing Address

Iowa Total Care  
1080 Jordan Creek Parkway  
Suite 100 South  
West Des Moines, IA 50266

Fraud, Waste and Abuse  
Ethics and Compliance Officer  
Email

866-685-8664  
1-833-404-1064  
[compliance@iowatotalcare.com](mailto:compliance@iowatotalcare.com)



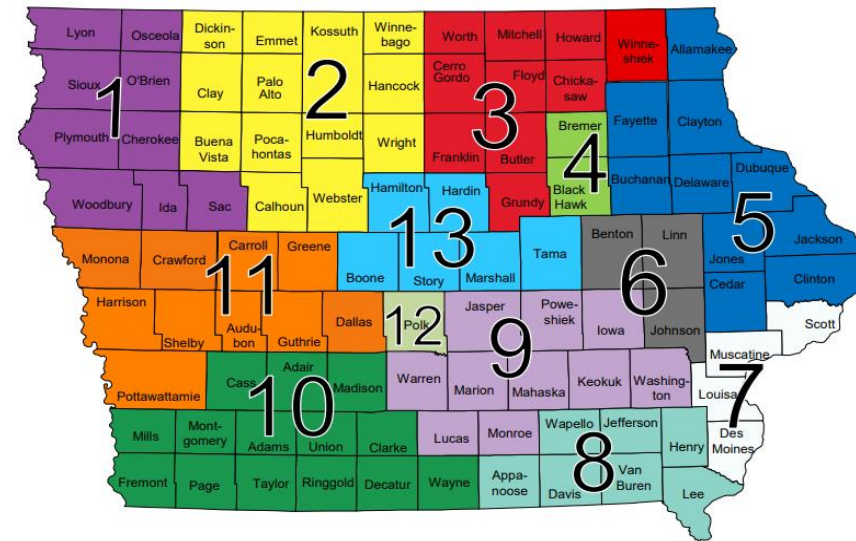
## Iowa Total Care 1-833-404-1061

|  |               |
|--|---------------|
| Member Services                          | Option 2      |
| Health Care Provider                     | Option 3 plus |
| Eligibility                              | Option 1      |
| Claims                                   | Option 2      |
| Vision                                   | Option 3      |
| Behavioral Health                        | Option 4      |
| Authorizations                           | Option 5      |
| Case Management<br>(Medical/LTSS/Waiver) | Option 6      |
| Pharmacy                                 | Option 7      |
| Provider Services                        | Option 0      |

# Resources – Provider Relations



| Region | Phone        | Email                            |
|--------|--------------|----------------------------------|
| 1      | 712-304-1710 | Daedra.Collins@IowaTotalCare.com |
| 2      | 515-322-8866 | Julie.Anderson@iowatotalcare.com |
| 3      | 319-300-5781 | Rachel.Schmit@iowatotalcare.com  |
| 4      | 515-322-1705 | Antoinette.Nie@iowatotalcare.com |
| 5      | 563-213-9937 | David.S.Smith2@iowatotalcare.com |
| 6      | 319-290-8058 | Toni.A.Mieras@iowatotalcare.com  |
| 7      | 563-929-1811 | Megan.Cavanagh@iowatotalcare.com |
| 8      | 319-252-8313 | Sheri.A.Siemen@iowatotalcare.com |
| 9      | 515-443-1193 | Jay.Redington@iowatotalcare.com  |
| 10     | 712-254-3595 | Theresa.Ellis@iowatotalcare.com  |
| 11     | 712-304-0571 | Linda.Farrell@iowatotalcare.com  |
| 13     | 515-314-1295 | Rhonda.Jones@iowatotalcare.com   |



Region 12 See Next Slide

# Resources – Provider Relations, Continued



## REGION 12\*

|   |   |
|---|---|
| Karmin Erwine, Provider Relations Specialist,<br>515-493-6442<br><a href="mailto:Karmin.E.Erwine@iowatotalcare.com">Karmin.E.Erwine@iowatotalcare.com</a> | Jodi Manning, Provider Relations Specialist<br>515-631-0493<br><a href="mailto:Jodi.Manning@iowatotalcare.com">Jodi.Manning@iowatotalcare.com</a> |
| Medical Providers<br>Ancillary Providers<br>Broadlawns<br>United Community Services   | Behavioral Health Providers<br>Long Term Support Services/HCBS Providers<br>ChildServe<br>Iowa Clinic   |

## STATEWIDE

|  |  |
|--|--|
| For assistance, please contact our<br>Provider Relations Team:<br><a href="mailto:Providerrelations@iowatotalcare.com">Providerrelations@iowatotalcare.com</a> | Federally Qualified Health Centers<br>Tribal Providers<br>University of Iowa<br>Out of State Providers |
| Denise Urich Provider Relations Specialist<br>319-883-0295<br><a href="mailto:Denise.M.Urich@iowatotalcare.com">Denise.M.Urich@iowatotalcare.com</a>           | MercyOne<br>Mercy Iowa City PHO<br>Avera<br>Sanford<br>CHI (Alegent-Facility Only)                     |
| Heath Hill, Provider Relations Specialist<br>515-493-9118<br><a href="mailto:Heath.L.Hill@iowatotalcare.com">Heath.L.Hill@iowatotalcare.com</a>                | UnityPoint Health<br>Genesis Health System<br>Great River Health System                                |

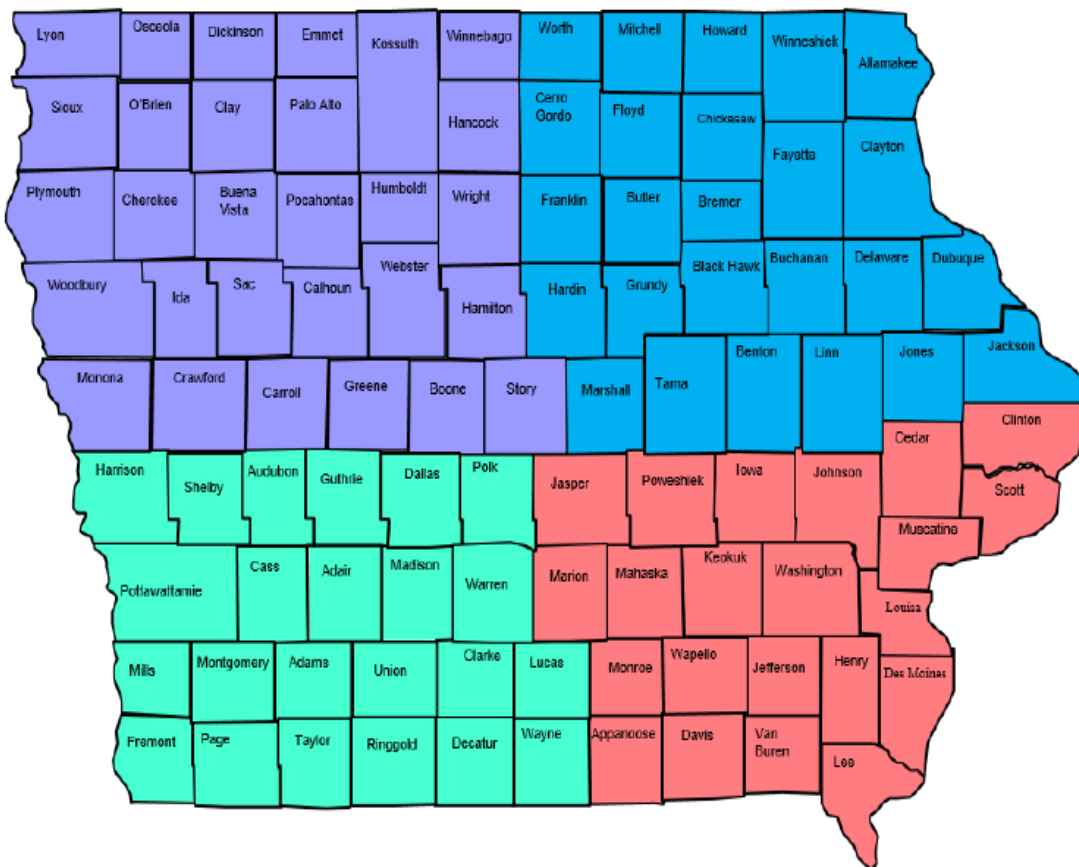
## LEADERSHIP

|   |
|---|
| Jeanne Larson – Manager, Provider Relations<br>Office: 515-219-3549<br>Cell: 515-493-9083<br><a href="mailto:Jeanne.Larson@iowatotalcare.com">Jeanne.Larson@iowatotalcare.com</a> |
| Kelly Acevedo – Manager, Provider Relations<br>Office: 515-219-3398<br>Cell: 515-468-9315<br><a href="mailto:Kelly.Acevedo@iowatotalcare.com">Kelly.Acevedo@iowatotalcare.com</a> |
| Toni Wetrich – Supervisor, Provider Relations<br>Office: 515-219-3366<br>Cell: 515-336-4466<br><a href="mailto:Toni.Wetrich@iowatotalcare.com">Toni.Wetrich@iowatotalcare.com</a> |

## NEBRASKA

|   |                                       |
|---|---------------------------------------|
| Theresa Ellis, Provider Relations<br>Specialist<br>712-254-3595<br><a href="mailto:Theresa.Ellis@iowatotalcare.com">Theresa.Ellis@iowatotalcare.com</a> | Statewide<br>(Exception: CHI-Alegent) |
| Linda Farrell, Provider Relations<br>Specialist<br>712-304-0571<br><a href="mailto:Linda.Farrell@iowatotalcare.com">Linda.Farrell@iowatotalcare.com</a> | CHI (Alegent)                         |

# Resources – ITC



## PROVIDER CONTRACTING REGIONS

**Kerry Kuehl**  
Contract Manager, 515-393-7165  
[Kerry.C.Kuehl@IowaTotalCare.com](mailto:Kerry.C.Kuehl@IowaTotalCare.com)

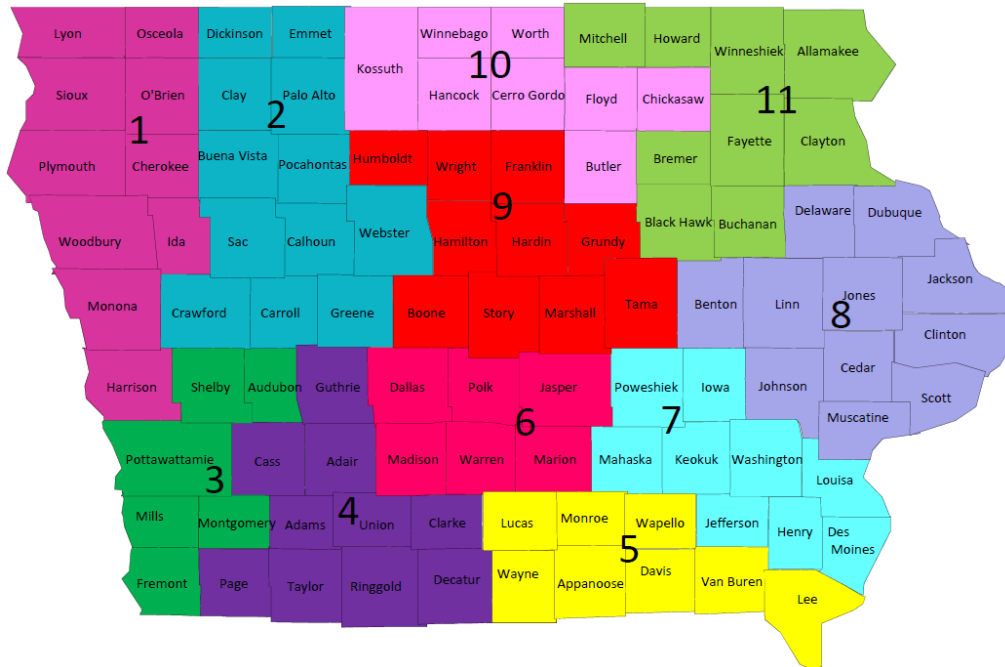
**Trina Schmitz**  
Contract Manager, 515-705-8843  
[Trina.K.Schmitz@IowaTotalCare.com](mailto:Trina.K.Schmitz@IowaTotalCare.com)

**Sharon Lutcavish**  
Contract Manager, 515-705-8813  
[Sharon.Lutcavish@IowaTotalCare.com](mailto:Sharon.Lutcavish@IowaTotalCare.com)

**Roshni Desai-Currently on Leave**  
Contract Manager, 515-474-4025  
[Roshni.Desai@IowaTotalCare.com](mailto:Roshni.Desai@IowaTotalCare.com)

**Teresa Craig**  
Contract Manager, 515-468-3067  
[Teresa.Craig@IowaTotalCare.com](mailto:Teresa.Craig@IowaTotalCare.com)

# Resources – ITC



## Community Based Case Management Manager Regions

**Justin Schieffer**  
Director LTSS  
515-348-3640  
[Justin.R.Schieffer@IowaTotalCare.com](mailto:Justin.R.Schieffer@IowaTotalCare.com)

**Stephanie Perry**  
Director LTSS  
515-348-3632  
[Stephanie.R.Perry@IowaTotalCare.com](mailto:Stephanie.R.Perry@IowaTotalCare.com)

**Bryan Sanders**  
Vice President LTSS  
515-423-8813  
[Bryan.H.Sanders@IowaTotalCare.com](mailto:Bryan.H.Sanders@IowaTotalCare.com)

# Resources – ITC Partners



| Vendor Partner  | Contact Number  | Website  |
|---|---|--|
| Envolve Vision  | P: 833-564-1205   | <a href="http://visionbenefits.envolvehealth.com">visionbenefits.envolvehealth.com</a> |
| Envolve Pharmacy Services                               | P: 866-399-0928<br>P: 877-281-9627 (Pharmacy Claims)<br>F: 877-386-4695 | <a href="http://Pharmacy.envolvehealth.com">Pharmacy.envolvehealth.com</a>             |
| National Imaging Associates (NIA)                       | P: 833-404-1061   | <a href="http://www1.radmd.com">www1.radmd.com</a>                                     |
| Company - 24 Hour Nurse Advice Line (24/7 availability) | P: 833-404-1061   |  |
| Voiance Interpreter Services                            | P: 866-998-0338   |  |
| Access 2 Care   | P: 888-644-3547   |  |
| PaySpan   | P: 877-331-7154   | <a href="http://www.payspanhealth.com">www.payspanhealth.com</a>                       |

# Thank you for attending!

## Questions?

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Copies of training and educational materials can be obtained from the Iowa Total Care Website at [www.iowatotalcare.com](http://www.iowatotalcare.com)